



FH
[REDACTED]

**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: MOP - 174868

PRELIMINARY RECITALS

Pursuant to a petition filed on June 7, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Rock Cty. Dept. of Social Services regarding Medical Assistance (MA). The hearing was held on July 5, 2016, by telephone.

The issue for determination is whether the agency established petitioner's liability for a \$629 medical assistance overpayment.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, WI 53703

By: [REDACTED]
Rock Cty. Dept. of Social Services
1900 Center Avenue
PO Box 1649
Janesville, WI 53546

ADMINISTRATIVE LAW JUDGE:
John P. Tedesco
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Rock County.

2. Petitioner was sent a notice on 1/8/15 informing him that he was required to report household income exceeding \$1,649.17.
3. The agency received information from a state wage match that petitioner's household income had exceeded this amount in the first quarter of 2015.
4. The agency sought wage information from the various household employers.
5. February 2015 income was determined to be \$3,891.50. Petitioner did not report this increased income.
6. Petitioner was issued a medical assistance overpayment notices on 5/6/16 for the total amount of \$629 for the period from 4/1/15 to 7/31/15.

DISCUSSION

Petitioner's argument at hearing was that this is not a fraud case. That is true, but that does not affect whether he is liable for an overpayment. He also expressed his frustration and hardship with having to complete so many forms and ensure delivery to maintain benefits. He also stated that he thinks the agency should be verifying income themselves rather than creating so much hardship for those enrolled in the programs. He also expressed that he has sent in check stubs and made phone calls. He believes "there is a better way to do this."

Petitioner's arguments do not rebut the agency's position that he failed to report the increase in income. While petitioner may have felt hardship with his reporting requirements he offered no evidence to rebut the agency's assertions. Frankly, petitioner's testimony was largely irrelevant, rambling, and illogical. Petitioner did not deny his failure to report his increase in income. Petitioner suggested that he is interested in a settlement in a manner that does not create a hardship. Any payment agreement will need to be negotiated with the agency.

CONCLUSIONS OF LAW

The agency established that petitioner is liable for a \$629 medical assistance overpayment.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

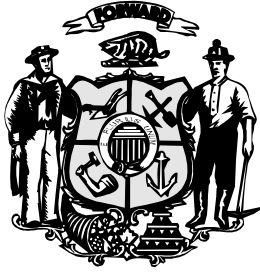
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 2nd day of August, 2016

\s _____
John P. Tedesco
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on August 2, 2016.

Rock Cty. Dept. of Social Services
Public Assistance Collection Unit
Division of Health Care Access and Accountability